RECEIVED CENTRAL FAX CENTER JAN 1.0 2008



HAMRE, SCHUMANN, MUELLER & LARSON, P.C.

FAX TRANSMISSION

January 10, 2008

TO:

Commissioner for Patents

PO Box 1450

Alexandria, VA 22313-1450

FROM: James A. Larson

OUR REF: 20168.0004USU1

TELEPHONE: (612) 455.3800

Total pages, including cover letter:

2

PTO FAX NUMBER: 571.273.8300

If all pages are NOT received, please call us at 612.455.3800 or fax us at 612.455.3801.

Title of Document:

PTO/SB/82

Applicant:

KASOWER

Serial No.:

10/724315

App. Filed:

November 26, 2003

Group Art No.: 3629

Please charge any additional fees or credit overpayment to Deposit Account No. 50-3478. Please consider this a PETITION FOR EXTENSION OF TIME for a sufficient number of months to enter these papers, if appropriate.

Name: James A. Larson

Reg. No.: 40,443

I hereby certify that this paper is being transmitted by facsimile to the U.S. Patent and Trademark Office on the date shown below.

Lauren Sindt

Signature

Date

RECEIVED CENTRAL FAX CENTER

JAN 1 0 2008

PTO/SB/82 (01-06)
Approved for use through 12/31/2008. OMB 0651-0035
U.S. Patent and Trademerk Office; U.S. DEPARTMENT OF COMMERCE
d to a cofficient of information unities it displays a valid OMB control number.

Index the Perserverik Reduction Act of 1995, no persons are required to n **Application Number** 10/724315 **REVOCATION OF POWER OF** Filing Date 2003-11-26 ATTORNEY WITH First Named Inventor KSAOWER **NEW POWER OF ATTORNEY** Art Unit 3629 AND **Examiner Name** NGUYEN, Tan D. **CHANGE OF CORRESPONDENCE ADDRESS** Attorney Docket Number 20188.0004USU1

i hereby revoke all previous powers of attorney given in the above-identified application,								
A Power of Attorney is submitted herewith.								
OR								
I hereby appoint the practitioners associated with the Customer Number: 52385								
Please change the correspondence address for the above-identified application to:								
The address associated with Customer Number:			52835					
OR .								
Firm o	or. duel Name							
Address								
					,			
City			<u> </u>	State	,		Zip	
Country								
Telephone					Email			
l am the: Applicant/Inventor.								
Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)								
Signature Signature Signature								
Name Sheldon Kasower								
Date	1/10	- los		Tek	enone	0	11 2 10	California
NOTE: Statushurss of all the inventors or sestimates of record of the entire interest or their representative(s) are used and the desired or their representative(s) are used and the desired or their control or their representative(s) are used and the desired or their control or								forms if more than one
signature is required, see below*. Corel of 1 forms are submitted.								
This collection of information is required by 37 CFR 1.96. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete including gethering, preparing, and submitting the completed application from to the USPTO. There will very depending upon the Individual case. Any comments on the smooth of they you require to complete the form and/or suppressions for reducing this burden, should be sent to the Chief information Officer, U.S. Petent and Trademerk Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450.								

If you need assistance in completing the form, cell 1-800-PTO-8199 and select option 2.